

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/594853

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1			1		
4		1			1		
5		1			1		
6		1			1		
7		1			1		
8		1			1		
9		1			1		
10		1			1		
11		1			1		
12		1			1		
13		1			1		
14		1			1		
15		1			1		
16		1			1		
17	16		16				
18	16		16				
19	16		16				
20	18		18				
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49							
50							
TOTAL IND.	1	↓	1	↓		↓	
TOTAL DEP.	111	←	30	←		←	
TOTAL CLAIMS	112		31				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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52							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							